



ARKANSAS INSURANCE DEPARTMENT  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE (501) 371-2605  
<http://www.state.ar.us/insurance>

2003 FMAA INSTRUCTIONS  
ACCOUNTING DIVISION

**PREMIUM TAX FILING INSTRUCTIONS  
FARMERS MUTUAL AID ASSOCIATIONS**

DUE DATE: MARCH 1, 2004

FILING REQUIREMENTS: **IN ONE PACKET ENCLOSE**

- ☐ 2003 FORM AID AC FMAA-T (ANNUAL REPORT OF PREMIUMS AND TAXES)  
CHECK ATTACHED
- ☐ 1 COPY OF 2003 ANNUAL STATEMENT FRONT PAGE
- ☐ 1 COPY OF PAGE 8

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS: ACCOUNTING DIVISION  
ARKANSAS INSURANCE DEPT.  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904

**DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE  
ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.**

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION  
(501) 371-2605  
Email: [Insurance.Accounting@mail.state.ar.us](mailto:Insurance.Accounting@mail.state.ar.us)

PENALTIES: ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607. THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS. ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1, 2004. PAYMENTS ARE TO BE ATTACHED TO THE APPROPRIATE FORM

CONSUMER INFORMATION ASSESSMENT FEE: ACA 23-63-108 HAS BEEN REPEALED. THE DEPARTMENT NO LONGER COLLECTS THIS FEE.

CORPORATE FRANCHISE TAX: **DO NOT INCLUDE THE FRANCHISE TAX FORM AND PAYMENTS IN YOUR PREMIUM TAX FILINGS.** REMIT THEM AT THE APPROPRIATE TIME TO THE OFFICE OF THE SECRETARY OF STATE, ATTENTION: CHARLOTTE MARTIN, AGEON BLDG., SUITE 310, 501 WOODLANE, LITTLE ROCK, AR 72201. DIRECT INQUIRIES TO THE SECRETARY OF STATE (501) 682-3409.

**ARKANSAS INSURANCE DEPARTMENT****2003 FORM AID AC FMAA-T**1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE: (501) 371-2605  
WWW.STATE.AR.US/INSURANCEACCOUNTING DIVISION  
DUE MARCH 1, 2004

\_\_\_\_ ORIGINAL FILING

\_\_\_\_ AMENDED FILING

\_\_\_\_ REFUND DUE

**ANNUAL REPORT OF PREMIUMS AND TAXES  
OF ALL FARMERS MUTUAL AID ASSOCIATIONS**

NAIC COMPANY CODE (5 digit code)		STATE OF DOMICILE	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON			
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

Pursuant to ACA 23-73-105(f)(1) and (3), net direct premiums written on policies containing burglary and theft, glass, leakage and fire extinguisher equipment, livestock, miscellaneous coverage, and liability coverages, written as a supplement to a fire insurance policy or package commonly referred to as a homeowner or farmowner policy, are subject to premium tax provisions of ACA 26-57-601, et seq.

- |   |                 |
|---|-----------------|
| 1. Direct Net Written Premiums  | \$ _____        |
| 2. Tax Thereon at 2-1/2%  | \$ _____        |
| 3. Less Affordable Neighborhood Housing Credit                        | \$(_____)       |
| 4. Less Low-Income Housing Tax Credit                                 | \$(_____)       |
| 5. Less County and Regional Industrial Development Corporation Credit | \$(_____)       |
| 6. Subtotal of Taxes Due  | \$(_____)       |
| 7. Less Capital Development Corporation Tax Credit                    | \$(_____)       |
| 8. TOTAL TAXES DUE  | \$ _____        |
| 9. Less 2003 prepayments (2003 AID AC EST-Q)                          | \$(_____)       |
| <b>10. NET PAYMENT DUE</b>  | <b>\$ _____</b> |

**AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Comes \_\_\_\_\_ and states on oath that he/she is the

\_\_\_\_\_  
(Title) of \_\_\_\_\_ (Name of Association)

and that the foregoing statements are true and correct as shown by the records of said Association.

\_\_\_\_\_  
(Original signature of officer)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC